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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO		CONFIRMATION NO
10/666,558	10/666,558 09/22/2003		John H. Sohl III		36507-193188		5541
TITLE OF INVENTION	: ENHANCED SUBSU	RFACE SCANNING SYS	STEM, METHOD AND C	OMPUTER PROC	GRAM PR	ODUCT	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0		\$1020	09/26/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
MOSS,	KERI A	1797	422-067000				
1. Change of correspondence address or indication of "Fee Address" (37			2. For printing on the p			, Venable	LLP
CFR 1.363).	ondence address (or Ch	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to registered attorney or agent) and the names of up to					
Address form PTO/S	ondence address (or Cha B/122) attached.						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
Number is required			L				
3. ASSIGNEE NAME A	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	oe)			
PLEASE NOTE: Un recordation as set for	iless an assignee is iden th in 37 CFR 3.11. Com	tified below, no assigned pletion of this form is NC	data will appear on the p of a substitute for filing an	atent. If an assig assignment.	nee is ide	ntified below, the de	ocument has been filed to
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				Landinidual (R)		n or other private are	oup entity Governmen
Please check the approp	rrate assignee category o	r categories (will not be p	rinted on the patent).	I IIIdividual 😂 🤆	corporatio	ii or other private gre	Appendity - Governmen
4a The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ple	se first reapply	any previ	ously pald Issue fee	shown above)
Issue Fee			A check is enclosed.				
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☐ Advance Order -	# of Copies		overpayment, to Dep	y authorized to ch sit Account Num	arge the re ber 22-	0261(enclose a	n extra copy of this form).
5. Change in Entity St	atus (from status indicat	ed above)					
a Applicant clair	me SMALL ENTITY sta	his See 37 CFR 1 27	☐ b. Applicant is no los	ger claiming SM.	ALL ENT	ITY status. See 37 Cl	FR 1.27(g)(2).

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Date _ July 25, 2008

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Typed or printed name Ralph P. Albrecht

Authorized Signature

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06/26/2008